

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 163

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beach, David, , Mr.,

Mailing Address 4936 Laverna Rd

City  
Springfield

State  
IL

Zip Code  
62707-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HSHS Hospital Sisters Health System

Occupation (for Individual)  
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : 25234356

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuiper, Evert, J., Mr.,

Mailing Address 4936 LaVerna Rd

City  
Springfield

State  
IL

Zip Code  
62707-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HSHS St. John's Hospital

Occupation (for Individual)  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : 25234357

Amount of Each Receipt this Period

1600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Starmann-Harrison, Mary, , Ms., FACHE, RN

Mailing Address P O Box 19456

City  
Springfield

State  
IL

Zip Code  
62794-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HSHS Hospital Sisters Health System

Occupation (for Individual)  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : 25234358

Amount of Each Receipt this Period

1600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3600.00

TOTAL This Period (last page this line number only).....▶